

GLOBAL HEALTH MATTERS

Fogarty International Center (NIH/HHS)
 “Science for Global Health”

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Health Officials Renew Indo-U.S. Vaccine Action Program

Dr. Elias A. Zerhouni, Director, National Institutes of Health (NIH) and Dr. Maharaj K. Bhan, Secretary, Department of Biotechnology (DBT), Republic of India, have signed a bilateral agreement to renew the Indo-U.S. Vaccine Action Program (VAP).

Dr. S. Natesh, Adviser Scientist, DBT, Dr. Anthony S. Fauci, Director, National Institute of Allergy and Infectious Diseases (NIAID), Dr. Roger I. Glass, Director, Fogarty International Center (FIC) and Dr. Kamal Dwivedi, Science and Technology Counselor, Embassy of India, were witness to the May 3, 2007 signing event.



Dr. Elias A. Zerhouni, Dr. Maharaj K. Bhan (Front row, Pictured L-R)
 Dr. S. Natesh, Dr. Anthony S. Fauci, Dr. Roger I. Glass, Dr. Kamal Dwivedi (Back row, Pictured L-R)

Collaboration in science and technology has been an enduring feature of the Indo-U.S. relationship for over three decades. One of the most important and successful of these has been the VAP.

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Global Partnership Formed to Address Chronic Disease



Chronic diseases such as diabetes, cancers, respiratory and cardiovascular diseases are responsible for 60% of all deaths worldwide.

In 2005, chronic disease claimed nearly 35 million lives worldwide, a number that is expected to rise by more than 40% by 2020.

These diseases are an interconnected epidemic often driven by urbanization, rapid industrialization and the resulting impact on lifestyle—poor diet, lack of physical activity, environmental strains, and the use of tobacco and alcohol cause most chronic diseases.

Developing countries bear the greatest burden of this growing public health crisis, further impeding their economic growth. In four countries—China, India, Brazil and Russia—it is estimated that the loss of national income from heart disease, stroke and diabetes totals more than \$1.1 trillion.

Ovations, a UnitedHealth Group Company, the FIC, the Oxford Health Alliance, and leading health care experts have formed a global initiative in an effort to stem the growth of chronic disease.

On May 7-8, 2007, the group met on the NIH campus to define program priorities and to begin to organize their collective, strategic planning.

The partners will focus on creating an effective infrastructure for sharing the knowledge and skills necessary to prevent, manage and treat chronic illnesses in developed and developing countries.

This will include improving the cost-effective deployment of human, technological and financial resources within the national health care systems.

A Global Advisory Board, which includes Dr. Roger I. Glass, Director, FIC, will direction and guidance to the program. The board will be chaired by Dr. Richard Smith, Chief Executive Officer of UnitedHealth Europe and the former editor of the *British Medical Journal*.

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Pattern of Influenza Spread in South America and Tropics



Dr. Mark A. Miller

“Seasonality of Influenza in Brazil: A Traveling Wave from the Amazon to the Subtropics”

Researchers studying influenza transmission patterns in the Southern Hemisphere and in tropical areas, specifically Brazil, uncovered an unexpected finding—each season

influenza travels from low populated regions, near the equator, to the more populated center.

They documented the seasonal spread of influenza viruses and seasonal mortality patterns associated with influenza across Brazil. Their interest in Brazil arose because the country covers a range of latitudes, crosses several regions and includes tropical and sub-tropical climates.

"This study contributes to the understanding of the role of tropical regions in the global circulation of influenza. It has direct implications for public health by offering guidance for the timing of delivery and composition of influenza vaccines," said Dr. Mark A. Miller, Director, Division of International Epidemiology and Population Studies (DIEPS), FIC, and co-author of the study.

In the equatorial regions of Brazil, epidemic months of influenza are triggered earlier in the year. Vaccine recommendations using formulations from the Northern Hemisphere could be more appropriate for countries in the Southern Hemisphere near the equator. This becomes increasingly important as more tropical countries introduce and use substantial quantities of vaccine.

Brazil is nearly the same size as the U.S. However, most of Brazil's territory lies in the tropical belt. This study is important because little had been known about circulation of influenza viruses at these latitudes, and on how epidemics bridge—and annually alternate—between both hemispheres following the winter seasons.

Given the range of latitude encompassed by Brazil—which crosses the equatorial and the southern tropic lines—the researchers used sophisticated mathematical tools to review confirmed laboratory data from recent years, as well as two decades worth of influenza and pneumonia mortality and laboratory data.

Both sets of independent data sources converged to show that, surprisingly, in Brazil influenza epidemics do not spread from where the highest human population densities are found, but rather from the equator toward the more populous regions of the Southeast and South of Brazil.

The study, supported by FIC, results from collaboration among researchers in different parts of the world. Study authors: Alonso, WJ, Viboud C, Simonsen L, Hirano EW, Daufenbach LZ, Miller MA. *Am J Epidemiol*, 2007 Mar 16.

Health Officials Renew Indo-U.S. Vaccine Action Program

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The VAP aims to reduce the burden of vaccine-preventable diseases of public health significance in India, the U.S. and other parts of the world and to promote vaccines as one of the most cost-effective health technologies.

"The Indo-U.S. Vaccine Action Program continues to demonstrate that international cooperation focused on outstanding research and the development of critically important public health tools can save millions of lives. The U.S. government remains steadfast in its commitment to this program and its scientific vision," said Dr. Zerhouni.

VAP's research priorities include acute respiratory illnesses, hepatitis, rotavirus diarrhea, cholera, leishmaniasis, typhoid, rabies, HIV/AIDS, tuberculosis, malaria and emerging and re-emerging infectious diseases.

The NIAID manages the VAP, on behalf of the U.S. government, and has provided scientific guidance since its inception. Dr. Anthony S. Fauci, said: "The widespread use of existing vaccines and the development of new vaccines are essential as we confront vaccine-preventable diseases globally."

Dr. Roger I. Glass, notes, "Several other NIH institutes and the U.S. Centers for Disease Control and Prevention (CDC), have signed similar bilateral agreements with the Government of India, based on the success of VAP—these collaborations clearly benefit both countries and the global biomedical and public health research community more broadly."

VAP-supported research projects directly address critical health problems. Rotavirus is responsible for about 20 percent of diarrhea-related hospitalizations and 100,000 deaths in India each year. With VAP funding, Indian and American scientists discovered novel Indian strains of rotavirus in newborns.

Further research confirmed that these strains might protect against disease, and a vaccine developed from them, by Drs. Bhan and Glass, is now being tested in large-scale clinical trials.

For more information about the Indo-U.S. Vaccination Action Program, visit: <http://www3.niaid.nih.gov/about/organization/dmid/indo/>



Dr. Maharaj K. Bhan and Dr. Roger I. Glass (Pictured L-R)

Minister of Health and Family Welfare and the Director-General Indian Council of Medical Research Visit NIH

The Honorable Anbumani Ramadoss, Minister of Health and Family Welfare, Republic of India and Dr. Nirmal K. Ganguly, Director-General, Indian Council of Medical Research, visited NIH on March 27, 2007.

Minister Ramadoss and Professor Ganguly discussed India's investments in medical research and the resulting career opportunities that exist for NIH trained investigators. India's thriving "medical tourism industry," was given as an example. Minister Ramadoss said, "it lures people from developed nations for high-quality medical proce-



Mr. Thomas Mampilly, and Drs. James Herrington, Roger I. Glass and The Honorable Anbumani Ramadoss (Pictured L-R)

dures at a fraction the cost in other countries—and our treatment mode is the most cost-effective in the world!"

The meeting was attended by approximately 170 Indian Visiting Fellows, FIC leadership and NIH staff involved with Indo-U.S. collaborations.

NIH currently supports approximately 130 research projects involving India. Recipients of these awards are distributed throughout the country and cover a wide range of cutting-edge research priorities established by NIH, such as HIV/AIDS, tuberculosis and rotavirus.

NIH builds research capacity and collaborative opportunities in India through investigator-initiated grants, direct financial and technical support for a primate-research center, an International Center for Excellence in Tuberculosis Research, targeted workshops and training activities and post-doctoral research training in the U.S. for approximately 300 Indian scientists per year. NIH investments involving India were valued at approximately 18 million dollars in FY 2005.

After the meeting, FIC hosted an informal roundtable discussion at the Stone House to encourage dialogue with NIH leadership on

prospects for further medical research collaborations in India. Several institute directors participated in the discussion including Dr. Francis Collins, Director, National Human Genome Research Institute (NHGRI), and Dr. James Battey, Director, National Institute on Deafness and Other Communication Disorders (NIDCD).

Drs. Glass and Ganguly used this meeting opportunity to sign the "Implementation Plan for the Indo-U.S. Joint Statement on STDs and HIV/AIDS."

Mr. Thomas Mampilly, International Program Officer South Asia, Division of International Relations, FIC, organized the event.



Professor Nirmal K. Ganguly, Dr. Roger I. Glass, The Honorable Anbumani Ramadoss (Pictured L-R)

Global Health in Medical Education

"Global Health in Medical Education: A Call for More Training and Opportunities"

Worldwide increases in global migration and trade have been making communicable diseases a concern throughout the world and have highlighted the connections in health and medicine among and between continents.

Physicians in developed countries are now expected to have a broader knowledge of tropical disease and newly emerging infections, while being culturally sensitive to the increasing number of international travelers and ethnic minority populations.

Exposing medical students to these global health issues encourages students to enter primary care medicine, obtain public health degrees and practice medicine among the poor and ethnic minorities.

In addition, medical students who have completed an international clinical rotation often report a greater ability to recognize disease

presentations, more comprehensive physical exam skills with less reliance on expensive imaging and greater cultural sensitivity. American medical students have become increasingly more interested and active in global health, but medical schools have been slow to respond.

The authors review the evidence supporting the benefits of promoting global health teaching and opportunities among medical students. Finally, the authors suggest several steps that medical schools can take to meet the growing global health interest of medical students, which will make them better physicians and strengthen our medical system.

The authors of the study are: Drain PK, Holmes KK, Primack A, Gardner P, Hunt DD, Fawzy WW. *Acad Med.* 2007 Mar; 82(3):226-30.

Pesticide Exposure Effects Neurobehavioral Development in Infants and Children Flower-Growing Region of Ecuador

“Effect of Community of Residence on Neurobehavioral Development in Infants and Young Children in a Flower-Growing Region of Ecuador”



The global use of pesticides has doubled every 10 years since 1945, this trend is expected to continue in the following decades, with about half of the increase in pesticide use occurring in developing countries in the context of large-scale agricultural industries (World Health Organization 1990).

In Ecuador, large-scale agricultural products dominate the export industry, and the cut-flower industry, which depends heavily on the use of pesticides, has become the country's third most valuable export, behind oil and bananas.

In a study, conducted under the auspices of the EcoSalud Project, a collaboration between Centro de Estudios y Asesoría en Salud (CEAS) and the International Development Research Center, researchers compared neurobehavioral development of infants and young children 3 to 61 months of age, in communities dominated by cut-flower production and in more traditional rural communities.

It was found that children 3–23 months of age who resided in high-exposure communities scored lower on gross motor ($p = 0.002$), fine motor ($p = 0.06$), and socio-individual (p -value = 0.02) skills, compared with children in the low-exposure community.

The effect of residence in a high-exposure community on gross motor skill development was greater for stunted children compared with non-stunted children ($p < 0.001$), in the same age group of 3–23 months.

Children 24–61 months of age residing in the high-exposure communities scored significantly lower on gross motor skills compared with children of similar ages residing in the low-exposure community ($p = 0.06$).

The study concluded residence in communities with high potential for exposure to OP and carbamate pesticides was associated with poorer neurobehavioral development of the child—even after controlling for major determinants of delayed development. Malnourished populations may be particularly vulnerable to neurobehavioral effects of pesticide exposure.

The study was supported by a Fulbright student grant from the J. William Fulbright Foreign Scholarship Board, FIC and the National Institute of Child Health and Human Development (NICHD), and the National Institute of General Medical Sciences (NIGMS), the University of Michigan Rackham School of Graduate Studies.

Authors of the study are: Handal AJ, Lozoff B, Breilh J and Harlow SD. *Environ Health Perspect.* 2007 Jan; 115(1):128-33.

HHS Assistant Secretary of Health, Speaker at the NIH International Representatives Meeting at FIC



Admiral John Agwunobi, MD

Dr. James Herrington, Director, Division of International Relations, (DIR), FIC, welcomed Admiral John Agwunobi, M.D., HHS Assistant Secretary for Health, to the NIH International Representatives Meetings, March 13, 2007.

Dr. Agwunobi was confirmed by the U.S. Senate in December 2005 for his position. In his current capacity, Dr. Agwunobi, serves as Secretary Leavitt's primary advisor on matters involving the nation's public health and oversees the U.S. Public Health Service Commissioned Corps.

A pediatrician by training, Dr. Agwunobi, provided background on his education and professional accomplishments. He noted that he served his residency at Washington D.C.'s

South East Community Hospital and spent time in primary care practice in northern Nigeria, noting his mother is Scottish and father Nigerian.

He is experienced in health care delivery, managed care and health policy. Prior to his current position, he formerly served as Director of Florida's Department of Health.

Admiral Agwunobi noted that all his experiences reinforced his understanding of the importance of global health to the health of Americans. He underscored that global health knows no boundaries and that, indeed, many global health problems challenging developing countries can also be found here in the U.S.

FIC thanks the Admiral for his interesting and thought provoking talk.

Dr. Roger I. Glass Speaks at “Global Health Design Challenge Symposium” at Rice University

Beyond Traditional Borders and the James A. Baker III Institute for Public Policy hosted the “Global Health Design Challenge Symposium: Integrated Technology Solutions to Advance Global Health,” was held April 17-18, 2007, as part of an effort to develop and test novel solutions to global health-care challenges.

The goal of the symposium was to lay the groundwork for building a worldwide health research and education community among Rice University, the Texas Medical Center and community stakeholders—emphasizing the multidisciplinary nature of seeking technology solutions to health issues of global importance.

The symposium featured addresses by Dr. Roger I. Glass, Director, FIC, Anurita Bains, former assistant to the United Nations envoy on AIDS in Africa; Mark Kline, president of the Baylor International Pediatric AIDS

Initiative; Issac Adewole and Michele Follen, co-directors of Operation Stop Cervical Cancer Nigeria; and Gerald McElvy, president of ExxonMobil Foundation.

Talks and panel discussions highlighted global health in the 21st century including: policy implications for new health technologies for the developing world; economic development and the link to health outcomes; the development, delivery and role of new drugs and vaccines; point of care diagnostic systems; ethics of research in developing countries; and challenges of

Suspicion and Mistrust: Nigerian Boycott of the Polio Vaccination Campaign

“What Led to the Nigerian Boycott of the Polio Vaccination Campaign?”

In 1988, The World Health Organization (WHO) launched the Global Polio Eradication Initiative (GPEI) with the goal of eradicating the disease by the year 2000.

In 1989, the World Health Assembly approved a global plan of action for eradicating polio and the WHO Regional Committee for Africa adopted the resolution. The WHO Regional Committee for Africa intensified its polio eradication strategies in 1996.

Nelson Mandela launched the “Kick Polio Out of Africa” campaign, which aimed to vaccinate 50 million children in 1996 alone. Mass immunization campaigns were boosted by National Immunization Days, acute flaccid paralysis surveillance, training of community health workers at the local level and door-to-door campaigns.

However, suspicion and mistrust of Western medicine led three states in northern Nigeria—the political and religious leaders of Kano, Zamfara and Kaduna to call for the 2003 boycott of the national polio vaccine campaign.

The campaign was brought to a halt by calling on parents not to allow their children to be immunized. These leaders argued that the vaccine could be contaminated with anti-fertility agents (estradiol hormone), HIV and

cancerous agents. The boycott led to fresh outbreaks of polio in Nigeria.

In response to public outcry about the polio vaccine boycott, the Nigerian federal government set up a technical committee in October 2003 to assess the safety of the polio vaccine, sending samples of the vaccine for laboratory tests abroad.

The committee's report, however, was rejected—it was alleged that the Muslim community was not properly represented by the committee.

Africa

A fresh outbreak of polio was reported in Kano in October 2003. The BBC reported that, due to this fresh outbreak, a new strain of the polio virus was traced to other parts of the country—many years after the boycott, polio outbreaks continue.

The author of the analysis, Ayodele Samuel Jegede, University of Ibadan, Nigeria, said the boycott needs to be considered in its proper historical and political context. “The polio vaccination boycott,” says Jegede, “should not be considered in isolation, but rather in the context of the history of orthodox health services in northern Nigeria. Generally, utilization rates of orthodox health-care services in the region have always been low.”

It is important to learn lessons from the boycott, says Jegede, in order to prevent further boycotts of life-saving health interventions. “One lesson from the Kano boycott is that



“Kick Polio Out of Africa” Campaign
(Global Polio Eradication Initiative)

research is needed to investigate why people have concerns and fears about vaccination, and what steps should be taken to avoid boycotts in the future.” Jegede AS. *PLoS Med* 4(3): e73, 22 Mar 2007.

This paper was written when the author, Ayodele Samuel Jegede, was a Fogarty Scholar/Fellow at the University of Toronto Joint Centre for Bioethics in the 2005-2006 session

Dr. David L. Smith, DASPA, FIC: Contributor to Koshland Science Museum Exhibit on Infectious Disease

The Marian Koshland Science Museum of the National Academy of Sciences opened an exhibit, "Infectious Disease: Evolving Challenges to Human Health," in March 2007. The new exhibit examines the viruses, bacteria and parasites that cause some of the world's most deadly diseases, including HIV/AIDS, tuberculosis and malaria.

Using interactive displays, visitors can investigate how vaccines, drugs and other treatments affect the spread of disease—and explore ways to protect public health in this era of increasing globalization.

The exhibits focus on how infectious disease affects individuals, society and the environment; what actions can be taken to modify the impact of infectious disease; and what benefits and consequences there are to both action and inaction.

These concepts are explained using interactive displays, with emphasis on the use of current science and science-based decision support tools.

The Koshland has developed public programs, educational materials aimed at grades 7-12, hands-on science activities and audio and video guides to support the exhibit.

The exhibit is relevant because of the continuing burden and increasing threat of infectious disease worldwide. A greater un-



Controlling Endemic Malaria
Vector and Control Exhibit

derstanding of recent scientific advances will help the public make decisions about their health and the health of their community.

Dr. David L. Smith, Division of Advanced Studies and Policy Analysis, (DASPA), FIC, contributed data on "Controlling Endemic Malaria to the Vector Control and Malaria" exhibit, utilizing math modeling.



Dr. David L. Smith

In places where malaria is intense, about 10% of all female mosquitoes are infected.

As a result, people rarely go more than a few weeks without being re-infected. Eradi-

cating malaria would require eliminating the parasite from human and mosquito hosts, because parasites can rebound from a single survivor. Malaria infection control measures include:

- **Bed Nets**—impregnated with insecticide, these nets provide a physical barrier against bites at night, when female *Anopheles* feed.
- **Indoor Spraying**—after a blood meal, many anophelines rest indoors in roof thatch and on the undersides of furniture, which can be coated with insecticides. Indoor spraying has no effect on mosquitoes that rest outdoors under leaves.
- **Antimalarial Drugs**—although malaria parasites are developing resistance to several drugs, combinations of drugs can kill the parasites, thereby curing the patient and preventing infection of new mosquitoes.

This exhibition was made possible by a Science Education Partnership Award (SEPA) from the National Center for Research Resources, NIH.

To learn more about the exhibit visit:
www.koshland-science-museum.org

Dr. Carlos del Rio Awarded for Outstanding Work in Global Health



Dr. Carlos del Rio

FIC congratulates Dr. Carlos del Rio! Emory University honored Dr. del Rio with prestigious "The Marion V. Creekmore Award for Internationalization." The award is given each year to the faculty member who excels in the advancement of the university's commitment to global health education, research and training.

Dr. del Rio, a world-renowned expert in infectious diseases, is a professor of medicine in the Division of Infectious Diseases at

Emory University School of Medicine, Vice Chair for Grady Affairs (Department of Medicine), Director for Clinical Sciences and International Research for the Emory Center for AIDS Research (CFAR), and Principal Investigator/Director of the Emory AIDS International Training and Research Program (AITRP).

AITRP began in 1988, as one of the first new generation of research training programs sponsored by the FIC. "AITRP is a fantastic program and one that has helped me grow as much as it has helped our trainees," Dr. del Rio has stated. Visit the following site to learn more about AITRP: http://www.fic.nih.gov/programs/training_grants/aitrp/index.htm

To learn more about Dr. del Rio and the "Creekmore Award" visit: <http://www.international.emory.edu/sub-awards.htm>

Web-Based Interventions to Prevent Sexually Transmitted Infections in Peru

“Opportunities for Providing Web-Based Interventions to Prevent Sexually Transmitted Infections in Peru”

In Latin America, an estimated 1.8 million people are living with HIV, and in 2005, about 66,000 people died of AIDS and 200,000 were newly infected with HIV, according to statistics provided by Dr. Walter H. Curioso and his colleagues.

In Peru, the HIV/AIDS epidemic has largely been concentrated among men who have sex with men (MSM) and female sex workers. Even though the HIV/AIDS epidemic is confined to high-risk groups, there is significant risk for a wider HIV spread.

One way of facilitating high-risk sexual encounters is through the Internet. In Peru, as in other cities of the developing world, Internet access is widely available through Internet cafes (cabinas públicas), small-scale storefront operations that offer low-cost and reliable connections.

Cabinas are characterized by their low prices—an average of 15–30 cents (US) per hour—and relatively efficient connectivity. The cabinas are the result of thousands of commercial initiatives of small informal entrepreneurs. They offer other services such as faxing, scanning, printing, photocopying, text editing, CD/DVD-writing, long-



Cabina pública typical booths
(Photo: Magaly Blas)

distance calls and videoconferencing; some sell food and drinks.

PERU Cabinas are user-friendly and even unskilled users can rent a computer and, in most cases, receive basic assistance in operating computer programs. Some are open 24 hours a day—it is common to find cabinas even in poor urban slums. A particular feature of some cabinas is the availability of private modules so that clients can have sex on-site or arrange privacy for cybersex using Web cams.

Given the possible association between HIV/STI transmission and the high level of Internet use by MSM in Peru, cabinas públicas are a logical place to deliver web-based

interventions. It may be valuable to test the effectiveness of a prevention strategy that is based in the cabinas themselves—cabinas owners could be encouraged to sell or distribute condoms and display health referral information on HIV/STIs. Web-based interventions also provide the opportunity to reinforce STI information obtained in clinic settings among those who seek STI testing.

The investigators conclude that the unique popularity of cabinas públicas in Peru—even in poor communities with no modern infrastructure—opens new possibilities to develop and evaluate Web-based prevention and intervention programs for HIV/STIs.

In theory, web-based interventions can be delivered at low cost and can be accessed by a large number of participants; they might be a good way to target an MSM community that may not easily be reachable via traditional health campaigns. Future research should be undertaken to establish the acceptability and efficacy of internet-delivered HIV/STI interventions in Peru and other resource-constrained settings.

This article was supported in part by the Amauta Health Informatics Research and Training Program, a FIC/NIH funded grant and the Fogarty/Ellison Fellowship, an NIH training grant. Curioso WH, Blas MM, Nodell B, Alva IE, Kurth AE. *PLoS Med* 4(2): 2/27/07.

Enteric Diseases in Vietnam: Risk Factors



“Geographical distribution and Risk factors associated with enteric diseases in Vietnam”

In Vietnam, shigellosis, typhoid fever and cholera are important enteric diseases. To determine their magnitude and geographical distribution and explore associated risk factors, a team, consisting of scientists from the Division of International Epidemiology and Population Studies (DIEPS) FIC, the National Institute of Hygiene and Epidemiology, Hanoi, Vietnam; and the International Vaccine Institute, Seoul, Korea, examined national sur-

veillance data from 1991 to 2001 and potential ecological determinants.

Average annual incidence rates were calculated and mapped for each province. Bivariate and multiple regression analyses were used to explore associations with selected environmental and human risk factors.

Overall, shigellosis rates per 100,000 population (median, 41; mean, 70) were higher and more widespread than rates for typhoid fever (median, 7; mean, 23) and cholera (median, 0.3; mean, 2.7).

Shigellosis was highest in the Central Highlands and was significantly associated with

rainfall and urban poverty; typhoid fever prevailed in the Mekong River Delta and was most associated with vapor pressure and river/stream drinking water; and cholera predominated along the Central Coastal regions and correlated positively with rainfall and public well drinking water.

The distinct geographical patterns of each disease appear to be driven by a combination of different ecological factors.

Authors of the study: Kelly-Hope LA, Alonso WJ, Theim VD, Anh DD, Canh DG, Lee H, Smith DL, Miller MA. *Am J Trop Med Hyg.* 2007 Apr;76(4):706-712.

The American Bar Association: Town Meeting to Address AIDS, Color and Equality



Dr. Henry "Skip" Francis

A "Town Hall Meeting," was held by the American Bar Association, AIDS Coordinating Committee, to discuss "AIDS, Color and Equality: Removing Barriers to HIV Prevention."

The meeting was held in Washington, D.C., April 11-12, 2007.

High schools students from the Washington, D.C. metropolitan area were provided with the opportunity to participate with lawyers, policymakers, representatives of community organizations, health service providers and social workers, to discuss the prevalence of HIV/AIDS in communities of color and how to effectively address disparities in disease rates.

Dr. Henry "Skip" Francis, Acting Special Assistant to the Director, FIC, presented a talk entitled, "Who, me?"

The topical papers, which were the basis for group discussion, included:

- "Sexual and Drug Behavior Patterns and HIV/STD Racial Disparities: The Need for New Directions" Hallfors, et al.
- "A 'Shout Out' from Youth to Our Nation's Leaders: Report of the Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color," Joint Center for Political and Economic Studies in cooperation with The Academy for Educational Development
- "From Cell Block to Your Block: HIV/AIDS in Prisons and Communities," American Bar Association, March 2007

The AIDS Coordinating Committee was founded in 1987. It works under the auspices of the Section of Individual Rights and Responsibilities of the American Bar Association.

Its mission is to promote the Associations on-going AIDS-related activities, and to educate lawyers and the public about HIV/AIDS legal issues through public hearings, publications, policy development and national practitioner conferences.

Dr. Francis was the first director of the Center for the Medical Consequences of Drug Abuse (CAMCODA) in the National Institute of Drug Abuse (NIDA). CAMCODA's mission was to establish sustainable AIDS specific research.

At CAMCODA, Dr. Francis mentored and trained staff to develop AIDS specific research programs in drug addicted populations.

Prevalence of Complications: Male Circumcision in Angelophone Africa

"Prevalence of complications of male circumcision in Anglophone Africa: a systematic review"

The HIV pandemic is among the most critical public health challenges facing the African continent. There is an on-going debate as to whether male circumcision (MC) should be routinely performed for the purpose of preventing heterosexual transmission of HIV in sub-Saharan Africa.

Observational studies and random controlled trials (RCTs) report that male circumcision (MC) can prevent HIV acquisition, heterosexually, by men.

Dr. Adamson S. Muula and his colleges found that while there is growing support for wide-spread availability and accessibility of MC in Africa, there have been limited discussion about the prevalence of physical complications of MC on the continent.

They conducted a systematic literature search and review of articles in indexed journals and conference abstracts to analyze prevalence of complications of MC in Anglophone sub-Saharan Africa. Information extracted included: indications for MC; complications reported; age of patients; and category of circumcisers.

Prevalence of reported complications of MC ranged from 0% to 50.1%. Excluding the study with 50.1%, which was on a series of hemophilia patients, the next highest prevalence of complications was 24.1%

There was no firm evidence to suggest that MCs performed by physician surgeons were associated with lower prevalence of complications when compared with non-physician health professionals.

The authors of the study note that the available data was inadequate to obtain a reasonable assessment of the prevalence of

complications of MC in sub-Saharan Africa. However, some of the available studies reported potentially significant prevalence of complications, though of minor clinical significance. This should be considered as public health policy makers determine whether to scale-up MC as an HIV preventative measure.

The authors concluded that there is need for standardized reporting of complications of male circumcision.

Dr. Muula's work is supported by a FIC training grant to the University of North-Carolina at Chapel Hill. Muula AS, Prozesky HW, Mataya RH, Ikechebelu JI. *BMC Urol.* 2007; Pub online 2007 March 2.

Dr. Roger I. Glass Joins Global Health Leaders for Conference on World Law and World Health

The World Law Institute inaugural conference focused on health of women in least developed and developing nations.

Dr. Roger I. Glass, Director, FIC, joined world-renowned speakers and distinguished panelists, as part of the inaugural conference of the World Law Institute, held at Emory Law School, March 23-24, 2007.

The focus of the conference was world law and world health—especially the health of women in developing countries. The keynote speakers and panelists addressed issues of world health, including the role of both civil society and government as sources of emerging norms of healthcare law.

Former President Jimmy Carter, advisor of the World Law Institute, commenced the

event by delivering a (telecast) address on the evening of Thursday, March 22. He discussed the Carter Center’s role in protecting healthcare rights of citizens of developing countries. The President’s remarks were shown during the public portion of the conference, which began on March 23.

Keynote addresses were given by Former President of Ireland and President of the Ethical Globalization Initiative Mary Robinson and Judge of the International Criminal Court Navanetham Pillay. Former President of Hungary Ferenc Mádl delivered an address on Health and Human Rights in the European Union. All three are advisors of the World Law Institute.

The conference panelists included epidemiologists and other medical and legal scholars from Emory University, Middlebury College, University of Minnesota, Georgia State

University, the University of KwaZulu-Natal, North-West University (Potchefstroom Campus), South Africa, Indiana University, the Georgia Institute of Technology, Johns Hopkins and Georgetown Universities.

Dr. Glass and his colleagues were part of a panel discussion on “Childhood Vaccination and Preventive Healthcare.” In addition to Dr. Glass, representatives from CARE USA, the Task Force for Child Survival and Development, The Carter Center, Centers for Disease Control and Prevention, the Gates Foundation, spoke and responded to audience discussion on a variety of topics.

The conference concluded with James Curran, Dean of the Emory University School of Public Health providing an evaluation of the conference and forecasting what the future holds for women’s healthcare in the developing countries worldwide.

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“Already, the rising incidence of chronic illnesses is having an especially negative impact in the developing world, if they are left unaddressed, the consequences could be catastrophic,” said Dr. Glass. “There are many research questions that need to be answered. We are proud to be part of this initiative and expect that it will play an instrumental role in addressing this pressing public health challenge.”

As part of UnitedHealth Group’s Corporate Social Responsibility program, Ovations is committing up to \$15 million in financial, managerial and in-kind resources over the next five years in support of the program, which is being developed in conjunction with the Clinton Global Initiative.



Dr. Roger I. Glass and Dr. Richard Smith
(Picture L-R)

Global Advisory Chair

Dr. Richard Smith	Chief Executive Officer of UnitedHealth Europe
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Global Advisory Board

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Dr. Derek Yach	Member of the board of the Oxford Health Alliance, an international partnership of governments, NGOs and corporations, which is confronting the epidemic of chronic diseases; Director, Global Health Policy for PepsiCo; Advisor to the Clinton Global Initiative; and former Executive Director of Non-communicable Diseases at the World Health Organization.



Biomedical & Life Sciences Workshop

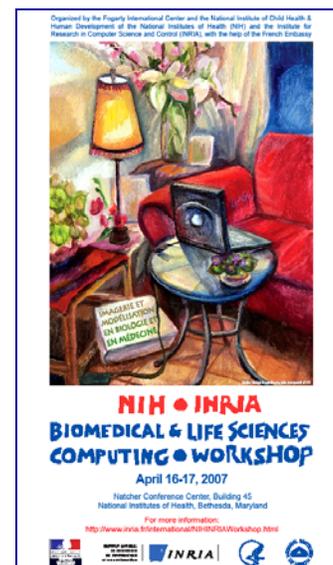
"Biomedical & Life Sciences Computing Workshop" for promoting the collaborations between INRIA and American researchers in the field of Life Sciences, was held April 16-17, 2007, Natcher Conference Center, NIH campus.



Mr. David Monteau, INRIA, and event organizer
Dr. Ann Davis, DIR, FIC
Stone House Reception

This first joint workshop organized by the Fogarty International Center, (FIC), the National Institute of Child Health and Human Development, (NICHD) and the French National Institute for Research in Computer Science and Control (INRIA), with the participation of the French Embassy in Washington.

The two day event, included speakers: Dr. Roderic I. Pettigrew, Director, National Institute of Biomedical Imaging and Bioengineering; Dr. Michel Israël, Science Attache at the French Embassy; Dr. John W. Haller, NIBIB, NIH, Program Director, Division of Applied Science and Technology; and Dr. Malik Ghalab, INRIA Vice President for Science and Technology.



Poster by Julie Marquert, FIC

Senate Appropriations Subcommittee Hearing on Global Health Issues

Michael Leavitt, Secretary, Health and Human Services (HHS), testified on the global health priorities contained in the *Federal Funding for Biomedical and Related Life Sciences Research—FY 2008* report, at the Senate Appropriations Subcommittee hearing on funding for AIDS, malaria, tuberculosis and pandemic flu. The May 2, 2007, hearing was chaired by Senator Tom Harkin (D-IA). Dr. Roger I. Glass, Director, FIC, was a key-speaker at the hearing. Dr. Glass provided summary highlights of FIC programs and discussed FIC's ongoing commitment to global health research and training initiatives—for both infectious and chronic diseases. To review the HHR FY 2008 report visit: http://opa.faseb.org/pdf/final_funding_fy2008.pdf

Obituary: Professor Job Bwayo

Professor Job Bwayo was killed by car jackers; Kenya lost leading AIDS researcher.

The global health community has lost a friend and illustrious colleague, to an act of senseless violence. Professor Job Bwayo, a key researcher in the ongoing Kenya Aids Vaccine Initiative (KAVI) trials at the University of Nairobi, met his

death through a car jacking in Kenya, February 4, 2007. Other riders in the vehicle, his wife and an American friend, sustained serious bullet wounds; an Australian friend is said to be out of danger.

Professor Bwayo had been conducting research on the promising KAVI HIV vaccine, at the time of his death. The NIH and the University of Nairobi were

collaborators in that vaccine research effort—which is currently under trial. If proven safe and effective, the vaccine may be able to protect people from HIV infection and replication of the virus among those infected.

The director of the Kenya Medical Research Institute, Dr. Davy Koech, described Professor Bwayo as "one of Africa's most distinguished and accom-

plished career scientists of his time."

Dr. Bwayo had a long association with FIC Aids International Training and Research Program (AITRP), at the University of Washington. He benefited from AITRP training early in his career and served as mentor for many AITRP trainees and scientists throughout his career.

Upcoming Program Announcements and Requests for Applications

Program	Contact	Receipt Date	Eligibility
Brain Disorders in the Developing World (BRAIN)	Kathleen Michels, PhD michelsk@mail.nih.gov	AIDS-related: August 23	U.S. and foreign institutions; at least 2 investigators (1 from institution in high-income country and 1 from institution in low- to middle-income country) must collaborate on application as PI & Co-Investigator; PI may be from low- to middle-income country or from U.S. or other high-income country institution.
Global Infectious Disease Research Training Program (GID)	Barbara Sina, PhD	September 13	U.S. and low- to middle-income institutions with demonstrated history of research collaboration.
Fogarty International Research Collaboration Award—Basic Biomedical (FIRC—BB)	Kathleen Michels, PhD michelsk@mail.nih.gov	September 21	PI of U.S. based NIH-sponsored research project grant that will be active for at least 1- year beyond submission date of application, in collaboration with partner institutions in low- to middle-income countries.
GRIP Basic Biomedical & GRIP Behavioral and Social Science	Aron Primak, MD	September 21	Low- to middle- income scientists currently or recently supported through FIC D43 int'l training programs, through NIH Visiting Program for Foreign Scientists, or as NIDA INVEST or Humphrey Fellowships.



FIC program research grants or research training grants are listed at: <http://www.fic.nih.gov/funding>

The Disease Control Priority Project (DCPP): One-Year Anniversary Meeting

FIC will hold what promises to be an exciting discussion and celebration, the One-Year Anniversary DCPP Meeting: "The Disease Control Priorities Project: Implementing the Research Agenda."

The meeting will be held June 11, 2007, at the Natcher Conference Center (Building 45), NIH campus. The morning session of the meeting, 9:00 AM–12:15 PM, is open to the public.

The Disease Control Priorities Project (DCPP) is an ongoing effort to assess disease control priorities and produce evidence-based analysis and resource materials to inform health policymaking in developing countries.

Funded primarily through a grant from the Bill and Melinda Gates Foundation, DCPP is a joint program of the Fogarty International

Center (FIC) and the National Library of Medicine (NLM), NIH; the World Bank; and the World Health Organization.

The purpose of this meeting is to review the key messages of the DCPP and highlight its impact on health policy and programs in developing countries.

One year ago, the DCPP released two landmark publications: The second edition of *Disease Control Priorities in Developing Countries (DCP2)*; and *Global Burden of Disease and Risk Factors*.

The DCPP website (www.dcp2.org) has become an information resource for the world and received more than half a million visitors from over 100 countries since its launch last year.

Visitor information about the NIH, including links to a map of the NIH campus, and security measures that are in effect (i.e. you

should allow extra time upon entering the campus), can be found at: <http://www.nih.gov/about/visitor/index.htm>

For additional information on the meeting visit the DCPP direct link to the meeting, visit: <http://www.dcp2.org/events/28>

See the back cover for the event poster!

**Mark your
Calendar
DCPP Meeting!
June 11, 2007**

Fogarty International Center (FIC)
 National Institutes of Health
 Building 31, Room 31/B2C39
 31 Center Drive, MSC 2220
 Bethesda, MD 20892-2220 USA



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Comments & Corrections to: fi-cinfo@nih.gov

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THE FOGARTY INTERNATIONAL CENTER PRESENTS

**DCPP Meeting
 June 11, 2007**



The Disease Control Priorities Project

FIRST YEAR ANNIVERSARY CELEBRATION
 IMPLEMENTING THE RESEARCH AGENDA



June 11, 2007

Natcher Conference Center
 National Institutes of Health
 Bethesda, Maryland

8:00AM - 10:00AM

Impact of DCPD on strategies for health and development

10:00AM - 11:00AM

Empowerment through Evidence: Lessons from the Application of DCPD to the Mexican Health Reform

11:00AM - 11:15AM

Break

11:15AM - 12:15PM

Early success of DCPD on health policy and programs: "Can books save lives?"



The World Bank
 Fogarty International Center, NIH
 World Health Organization
 Population Reference Bureau
 National Library of Medicine, NIH
 Bill & Melinda Gates Foundation